

REMARKS

Reconsideration and allowance of the above referenced application are respectfully requested.

Initially, Applicant would like to clear up a few misunderstandings that were apparently caused by the undersigned's previous remarks.

In Response to Arguments' item 1, Applicant agrees that there is no evidence to support that compressed and uncompressed images often look the same to a human observer. This is a matter of common sense. Further evidence to support this will be provided if believed necessary by the Examiner. However this appears to be background.

In the second paragraph, the office action takes issue with our statement that Novik sends all the image data to a second location. Applicant was not intending to say that all of the image data, that is compressed and uncompressed, was sent to the remote location. Rather, Applicant is intending to say that whatever data is going to be evaluated, is done at a remote location. There is no evaluation at the so-called first location. Rather, Novik teaches that the so-called "additional image data" is sent to the remote location. The original image data can be "transmitted in full", see column 10 line 50.

However, either way, once the image information is selected, the selected information is sent to the remote location.

Claims 31, 33-36 stand rejected under 35 USC 103(a) as allegedly being obvious based on Novik. Claims 38-39 and 41-43 stand rejected under 35 USC 103 as allegedly being unpatentable based on Novik in view of Echerer et al. These contentions are respectfully traversed, and for reasons set forth herein, it is respectfully suggested that the rejection does not meet the patent office's burden of providing a *prima facie* showing of unpatentability.

Claim 31 requires obtaining an original medical image at a first location. That is, the first location according to Claim 31 is the place where the "original medical image" is obtained.

The original medical image is compressed "to form a compressed medical image, at the first location". Again, this means that at the first location, the original medical image is compressed. That compressed medical image is sent from the first location to a second location. The evaluating person is located at the second location. Claim 31 then allows selection of a region of the compressed medical image and sending an indication of that region to the first location.

Now, after all this, the medical analysis of the medical image is carried out at the first location. That evaluation is based on the contents of the original medical image.

This latter step is entirely different than anything that is taught, suggested or fairly disclosed by Novik. According to Claim 31, the original medical image data is evaluated at the first location (that is the location where the medical image has been obtained), without ever needing to be compressed or sent outside the first location. Since this is based on the original image data, uncompressed, unsent, and in all ways the virgin image that is originally obtained. There is hence less chance of errors in the evaluation that are attributable to any change in the image caused by the transmission of the image.

An advantage of Claim 31 is that the original medical image can be processed at the original medical location. The original medical image does not need to be copied or sent. An evaluator can review and evaluate a compressed version of the image at the remote location, and send back indications of suspicious looking areas. However, the original medical image at its original location is evaluated.

This enables the human observer to analyze the compressed image to look for suspicious locations. (Note the error in the previous amendment on page 8 lines 4-5 stated that the human observer analyzed an uncompressed image to look for suspicious locations; in fact the human observer analyzed the compressed image). However, the final analysis is carried out based on the original image at the original location.

Novik teaches that once a proper portion of the image has been selected, that additional image information is sent to the remote location for analysis. See column 10 lines 38-47 which explains that the supplemental image data is sent, but only for the window of interest. Column 10 lines 49-57 describes the original data can be sent. Column 10 lines 58-65 described decompressing the image to determine which pixels may be displayed incorrectly. All of this, however, relies on the image being sent to the remote location for analysis.

Again, the idea of Novik is that an area of interest in the image can be identified based on operations at the remote location. After that area of interest is found, more detail about that area can be sent back to the remote location for further analysis.

However, Claim 31 relates to an entirely different technical issue. Claim 31 recognizes that no matter how much care is taken in sending image data, there is still a transmission, which includes the possibility of transmission error. Claim 31 allows part of the operation to be done remotely, that is it allows identifying the suspicious part of the image to be carried out remotely. However, Claim 31 requires that the original medical image, not a second generation image of the type that would be used by Novik, is evaluated once the suspicious areas are detected.

This also has other advantages. The original medical image can be as large as desired. For example, very large medical images, tens or even hundreds of MB, may be used. Bandwidth limitations make no difference for purposes of the final analysis, since the final analysis is carried out in the original medical image.

Therefore, Claim 31 should be allowable along with the claims that depend therefrom.

Claim 36 should be allowable for similar reasons. Claim 36 requires that the medical analysis be carried out at a first location based on the contents of the original medical image. This claim should be allowable for reasons discussed above.

Claim 32 was rejected over Novik in view of Wood et al. However, Claim 32 should be allowable by virtue of its dependency.

Claims 38-39 and 41-43 were rejected over Novik in view of Echerer et al. Claim 38 defines generating a scoring communicating the score to the remote view station. This produces an additional advantage. One doctor or medical professional may be located at the remote view station: that medical professional may identify suspicious regions. However, the analysis is carried out on the original image, and a score is returned to the remote view station. Therefore, the medical professional at the remote view station gets a score that

indicates the condition of the portion of the image that was selected. Echerer et al. does teach analyzing an x-ray image, but teaches nothing about using an uncompressed image to analyze regions of interest at a remote view station, then analyzing only identified region of interest in the original medical image to find a score. Also, presumably, Echerer et al.'s teaching is that the entire image is to be scored. Echerer et al. certainly does not teach anything about assigning a score to only a part of the image. Echerer et al. does not teach anything about sending a score to a remote view station of the type now claimed.

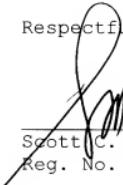
In addition, a notice of appeal is concurrently filed herewith in order to secure applicants rights towards an appeal.

It is believed that all of the pending claims have been addressed in this paper. However, failure to address a specific rejection, issue or comment, does not signify agreement with or concession of that rejection, issue or comment. In addition, because the arguments made above are not intended to be exhaustive, there may be reasons for patentability of any or all pending claims (or other claims) that have not been expressed. Finally, nothing in this paper should be construed as an intent to concede any issue with regard to any claim, except as specifically stated in this paper, and the amendment of any

claim does not necessarily signify concession of unpatentability of the claim prior to its amendment.

Applicant asks that all claims be allowed. Please apply the \$250 appeal fee, a one month extension of time fee in the amount of \$60, and any other applicable charges or credits, to Deposit Account No. 06-1050.

Respectfully submitted,



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